

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY 18 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99-00 UBR

DOCUMENT #

H05977

1. Corporation Name

OKALOOSA 7, INC

2. Principal Office Address

98 OAK HILL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. WALTON BEACH, FL

City & State

Zip

32547

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1993

5. FEI Number

59-2436058

Applied For:

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL G KENT

Street Address (P.O. Box Number is Not Acceptable)

98 OAK HILL

Suite, Apt. #, Etc.

600003297126-3

-06/20/00-01049-012

\*\*\*\*\*300.00 \*\*\*\*\*300.00

City

Ft. WALTON BEACH

State

FL

Zip Code

32547

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date Mar 29, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	BENJAMIN N. PEARCE	551 MOONEY ROAD	Ft. WALTON BEACH, FL 32547
S/D	MICHAEL G KENT	98 OAK HILL	Ft. WALTON BEACH, FL 32547
V/D	RON R. POOLE	105 BEACH DR, SUITE A5	Ft. WALTON BEACH, FL 32547

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Mar 29, 2000

Daytime Phone #

888-864-4554

CR2E081 (9/99)